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From: Todd Sicklinger (47,087) 1613
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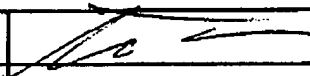
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| | | |
|---|------------------------|---------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/711,374 |
| | Filing Date | 09/14/2004 |
| | First Named Inventor | Sicklinger, Todd Clifford |
| | Art Unit | 2883 |
| | Examiner Name | Mooney |
| | Attorney Docket Number | 1 |
| Total Number of Pages in This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks A replacement list of claims is provided in response to a notice of non-compliant amendment. A copy of the notice is also provided. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Todd Sicklinger | | |
| Signature |  | | |
| Printed name | Todd Sicklinger | | |
| Date | July 12, 2006 | Reg. No. | 47,087 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|---------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature |  | | |
| Typed or printed name | Todd Sicklinger | Date | July 12, 2006 |

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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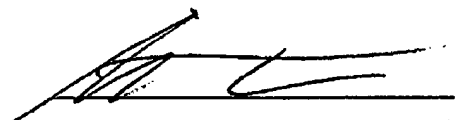
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Reply to Notice of Non-Compliant Amendment

Application Number: 10/711,374
Filing Date: 09/14/2004
Title: Optical Switch
Applicant: Sicklinger, Todd Clifford
Examiner: Michael P. Mooney
Art Unit: 2883
Confirmation Number: 5373

This is a reply to a Notice of Non-Compliant Amendment that was mailed on June 15, 2006.

The Notice indicated that Claims 3-6 did not have proper status identifiers. Accordingly, a replacement list of claims is provided below, wherein each of Claims 1-9, including Claims 3-6, are provided with appropriate status identifiers.



Todd Clifford Sicklinger (47,087)

908 872 4100

10/711,374
Reply